

2009 ELECTION CYCLE
SOS-MEDelbert Hosemann
SECRETARY OF STATECandidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Kimberly Campbell Buck
 Full Address 1062 Devonshire Dr., Jackson, 39206
 Telephone 601-982-4277 (Fax) 601-956-5771
 E-mail _____
 Office Sought House of Rep. Political Party Democrat


☐ Check here if above is different from previous report

TYPE OF REPORT

☒ **January 29, 2010 Annual Report** (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	2950	\$	\$ 2950
Total amount of disbursements	3000	\$	\$ 3000
Total amount of cash on hand		\$ 0	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Kimberly Campbell Buck
Signature of Candidate

01-15-2009
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee Kimberly Campbell Buck
 Reporting period Jan. 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Clare Hester</u>		<u>04/15/09</u>	\$ <u>500.00</u>
Mailing Address <u>148 Oakhurst Trail</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u>—/—/—</u>	\$
Name of Employer (Required) <u>Clare Hester</u>		<u>—/—/—</u>	\$
Occupation (Required) <u>lobbyist</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mike Waters</u>		<u>04/28/09</u>	\$ <u>250.00</u>
Mailing Address <u>9401 Indian Creek Parkway</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Overland Park, KS 66210</u>		<u>—/—/—</u>	\$
Name of Employer (Required) <u>QC Holdings</u>		<u>—/—/—</u>	\$
Occupation (Required) <u>government affairs</u>		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Randy Russell</u>		<u>09/21/09</u>	\$ <u>500.00</u>
Mailing Address <u>175 East Capitol St. Ste 702</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Sackson, MS 39201</u>		<u>—/—/—</u>	\$
Name of Employer (Required) <u>AT&T</u>		<u>—/—/—</u>	\$
Occupation (Required) <u>government affairs</u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Better MS PAC</u>		<u>08/14/09</u>	\$ <u>1500.00</u>
Mailing Address <u>P.O. Box 1140</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Batesville, MS 38606</u>		<u>—/—/—</u>	\$
Name of Employer (Required) <u>Better MS PAC</u>		<u>—/—/—</u>	\$
Occupation (Required) <u>government affairs</u>		Aggregate year-to-date	\$ <u>1500.00</u>